	the same of the sa
PLACE OF BIRTH	
1. County of Cala AR	RIZONA STATE BOARD OF HEALTH
District of BUREAU OF V	TITAL STATISTICS State Index No. 140
or Go	
City of Poo	menra St. Local Registrar No. 16
(If birth o	occurred in a Eospital or institution, give its NAME instead of street and number)
2. Full name of child	Sant If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY 4. Twin, triplet or oth	ter 6. Legitimate?
in event of plural births. 5. No., in order of birth	7. Date of birth 8-3-28
8. Q FATHER	II Would Day Year
Full name by a Color 1 R	MOTHER PO
- Gulfunder Banks	Full maiden name Selma Jehman
9. Residence (Usual place of abode)	15 Residence
If non-resident, give place and state,	(Usual place of abode)
10. Color or pace	If non-resident, give place and state.
White 34	16 Color or rece
11. Age at last birthday (Years)	17. Age at last birthday (Years)
12. Birthplace (city or place) Carfonada	18. Birthplace (city or place) Hairmon
(State or country)	
31 13. Occupation	(State or country)
	19. Occupation
Nature of Industry Caintar	Nature of Industry
20. Number of children of this mother   (a) Born alive and new to-	1 91 Wass
(20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now live (b) Born alive but now described and including this child.)	
	o yez
I hereby certify that I attended the birth of this child, who was	G PHYSICIAN OR MIDWIFE 3. 50 P
* When there was	(Born alive or stillern)
elc. should make the father, householder, Signature	1111001
child is one that neither breathes nor shows other evidence of life after birth. Address.	off, (Physician or manufe).
CASCAL CY	She is Salanton
a supplemental report  Month, day, year  Filed	1926 1911/0013
Filed	Local Registrar.
Registrar	County Registrar
	1803-235
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